

Employment Service Center
125 North Main Street, Room 1B-33
Memphis, Tennessee 38103
Phone: (901) 576-6509
Web Address: www.memphistn.gov



FIRE SERVICES

APPLICATION FOR EMPLOYMENT



SUPPORTING DOCUMENTATION

UPON SUBMISSION OF THIS FORM, THE FOLLOWING DOCUMENTATION IS REQUIRED:

- ✓ **COMPLETED EMPLOYMENT APPLICATION PACKET**
- ✓ **COMPLETED AUTHORIZATION OF RELEASE FOR BACKGROUND INFORMATION FORM**
- ✓ **COPY OF HIGH SCHOOL DIPLOMA, GED, OR HIGH SCHOOL TRANSCRIPT**
- ✓ **COPY OF BIRTH CERTIFICATE**
- ✓ **COPY OF MILITARY DD214 PAPERS, (if applicable) INCLUDING CHARACTER OF DISCHARGE SECTION**
- ✓ **COPY OF VALID DRIVER'S LICENSE**
- ✓ **COPY OF STATE OF TENNESSEE PARAMEDIC LICENCE –(EMT-ADVANCED)**

*** DO NOT BRING THE ORIGINAL DOCUMENTS. THEY WILL NOT BE RETURNED TO YOU.**

*** FAILURE TO SUBMIT THE REQUIRED SUPPORTING DOCUMENTATION
MAY DISQUALIFY YOU FROM FURTHER CONSIDERATION. ***

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER. WE DO NOT DISCRIMINATE
ON THE BASIS OF RACE, RELIGION, SEX, AGE, NATIONAL ORIGIN OR DISABILITY**



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FIRE SERVICES

APPLICATION FOR EMPLOYMENT

- This Application Must Be Filled Out Completely -
(PLEASE TYPE OR PRINT USING BLUE OR BLACK INK)

POSITION APPLYING FOR? ☐ Fire Recruit ☐ Paramedic DATE _____

HAVE YOU PREVIOUSLY APPLIED FOR FIRE RECRUIT OR PARAMEDIC WITH THE CITY OF MEMPHIS? ☐ YES ☐ NO

SECTION 1 PERSONAL HISTORY

NAME: (Last) _____ (First) _____ (Middle) _____	SOCIAL SECURITY NUMBER _____
CURRENT ADDRESS _____	DATE OF BIRTH _____
(Number & Street) _____	CONTACT TELEPHONE NUMBER _____
City _____ State _____ Zip Code _____	HOME () _____
DRIVER'S LICENSE INFORMATION	WORK () _____
#: _____ STATE: _____ CLASS: _____ EXP DATE: _____	OTHER () _____

MAIDEN NAME OR ANY OTHER NAME THAT YOU MAY HAVE USED. (Include nicknames, surnames, & married names)

1. _____

2. _____

3. _____

LIST ANY CITY OF MEMPHIS GOVERNMENT EMPLOYEES TO WHOM YOU ARE RELATED.

 Name of Relative Relationship Division/Service Center

 Name of Relative Relationship Division/Service Center

ARE YOU A UNITED STATES CITIZEN? ☐ YES ☐ NO

CONTINUED ON NEXT PAGE

NAME _____

SOCIAL SECURITY # _____

RESIDENCE HISTORY

List all residences since age 18; regardless of the length of time you resided there. Begin with your present address. If you were in the military, list the dates, branch, and duty stations, unless you resided off base. List all addresses while attending school if it was away from home. If you were living with your parents, indicate it with an asterisk (*). (If additional space is needed, please use an 8 ½ X 11 sheet of paper.)

FROM MONTH/YR	TO MONTH/YR	COMPLETE ADDRESS	STATE	ZIP	DID YOU HOLD A DRIVERS LICENSE? ____ YES ____ NO (If Yes, list the driver's license state and number for which it was held)

REFERENCES

List three (3) adult references that have known you for at least five (5) recent years. The references cannot be relatives, former employers or employees, fellow employees, or schoolteachers. The phone numbers you provide should reflect where they could be reached between the hours of 8:00 a.m. and 5:00 p.m.

NAME	COMPLETE ADDRESS	HOME PHONE #	BUSINESS PHONE #
1			
2			
3			

CONTINUED ON NEXT PAGE

NAME _____

SOCIAL SECURITY # _____

** If additional space is needed, please use an 8 ½ x 11 sheet of paper. **

EDUCATION HISTORY

Name of School	Address (City, State)	Dates From/To	Did You Graduate?	Type of Degree Earned	# Credit Hours
High School					
College/University					
Graduate School					
Trade/Business School					
Other Training/Licenses/Certifications					

MILITARY EXPERIENCE

HAVE YOU SERVED IN THE ARMED FORCES OF THE UNITED STATES? _____ YES _____ NO

IF YES: BRANCH OF MILITARY SERVICE _____

DATES OF ACTIVE SERVICE: FROM _____ / _____ / _____ TO _____ / _____ / _____
MO DAY YR MO DAY YR

TYPE OF RELEASE/DISCHARGE*: _____

* A dishonorable or general discharge is not an absolute bar to employment. Other factors may also affect the final hiring decision.

If the type of discharge is anything other than “Honorable”, or you received an “early out”, or served less than a regular tour of duty, explain:

SERIAL NUMBER: _____ ARE YOU A MEMBER OF A RESERVE UNIT? ____YES ____ NO

READY _____ STANDBY _____ BRANCH OF SERVICE _____

WERE YOU EVER COURT-MARTIALED? ____ YES ____ NO If YES, explain: _____

Did you ever have any type of disciplinary action taken against you while in the military (including an Article 15, Captain’s Mast, etc.)?

____YES ____ NO. If YES, explain: _____

CONTINUED ON NEXT PAGE

NAME _____

SOCIAL SECURITY # _____

COURT RECORD

HAVE YOU EVER BEEN CONVICTED, ENTERED A GUILTY PLEA, OR PLEAD NOLO CONTENDERE TO ANY FELONY OR MISDEMEANOR? This includes misdemeanor citations and DUI's. _____ YES _____ NO

If Yes, list ALL CONVICTIONS, since age 18 below (including those as a juvenile if within the past 10 years). On a separate sheet of paper (8 ½ x 11") give all details relating to each incident and attach it to this form.

ARREST DATE	CITY/COUNTY, STATE	CHARGE	DISPOSITION OF CASE

DRIVING RECORD

HAS YOUR DRIVER'S LICENSE EVER BEEN CANCELLED, SUSPENDED, OR REVOKED? _____ YES _____ NO

If YES, list each time below and explain:

DATE	CITY, COUNTY, STATE	CHARGE/REASON	DISPOSITION DETAILS

CONTINUED ON NEXT PAGE

NAME _____ SOCIAL SECURITY #: _____

EMPLOYMENT HISTORY

ARE YOU NOW OR HAVE YOU EVER BEEN EMPLOYED BY CITY OF MEMPHIS GOVERNMENT? _____ YES _____ NO

If yes, your Job Title _____

Division/Service Center _____

Name of Immediate Supervisor _____

Dates of Employment: From _____ To _____

Were you Temporary or Regular-Fulltime? _____

ARE YOU CURRENTLY EMPLOYED BY ANOTHER MEMPHIS CITY GOVERNMENT AGENCY OR BY SHELBY COUNTY GOVERNMENT? YES _____ NO _____

HAVE YOU EVER BEEN TERMINATED OR ASKED TO RESIGN FROM ANY EMPLOYMENT OR POSITION YOU HAVE HELD KNOWING THAT YOU WOULD BE TERMINATED IF YOU DID NOT RESIGN? YES _____ NO _____ (If YES, enter an "X" in the corresponding box as it applies to each company).

INSTRUCTIONS: List ALL POSITIONS held in the past 10 years. Include ALL part-time, temporary, or seasonal employment; regardless of length of time employed.

Begin with the most recent position held and work your way backwards. If you were unemployed, list dates of unemployment.

Check Box if TERMINATED	Name of Company	Complete Address	Supervisor Name	Supervisor Phone #
	Start Date MO/YR	End Date MO/YR	Job Title	Name When Employed
			May We Contact Your Present Employer? _____ Yes _____ No If NO, why?	
Reason for leaving. If TERMINATED, provide reason for termination.				

Please feel free to make copies of the next page if you have additional positions to list.

CONTINUED ON NEXT PAGE

NAME: _____ SOCIAL SECURITY #: _____

EMPLOYMENT HISTORY CONTINUED

Check Box if TERMINATED	Name of Company		Complete Address	Supervisor Name	Supervisor Phone #
	Start Date MO/YR	End Date MO/YR	Job Title		Name When Employed
Reason for leaving. If TERMINATED, provide reason for termination.					

Check Box if TERMINATED	Name of Company		Complete Address	Supervisor Name	Supervisor Phone #
	Start Date MO/YR	End Date MO/YR	Job Title		Name When Employed
Reason for leaving. If TERMINATED, provide reason for termination.					

CONTINUED ON NEXT PAGE

NAME: _____ SOCIAL SECURITY #: _____

Please fill free to make copies of this page if you have additional positions to list.

EMPLOYMENT HISTORY CONTINUED

Check Box if TERMINATED	Name of Company		Complete Address	Supervisor Name	Supervisor Phone #
	Start Date MO/YR	End Date MO/YR	Job Title		Name When Employed
Reason for leaving. If TERMINATED, provide reason for termination.					

Check Box if TERMINATED	Name of Company		Complete Address	Supervisor Name	Supervisor Phone #
	Start Date MO/YR	End Date MO/YR	Job Title		Name When Employed
Reason for leaving. If TERMINATED, provide reason for termination.					

CONTINUED ON NEXT PAGE

NAME: _____ SOCIAL SECURITY #: _____

EMPLOYMENT HISTORY CONTINUED

Check Box if TERMINATED	Name of Company	Complete Address	Supervisor Name	Supervisor Phone #
	Start Date MO/YR	End Date MO/YR	Job Title	Name When Employed
Reason for leaving. If TERMINATED, provide reason for termination.				

ADDITIONAL EXPERIENCE

ARE YOU CURRENTLY LICENSED AS A PARAMEDIC (EMT-ADVANCED)? YES _____ NO _____

If YES, what state? _____ License # _____

Are you on the National Register? YES _____ NO _____

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**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION
APPLICANT BACKGROUND INVESTIGATION
HUMAN RESOURCES DIVISION
CITY OF MEMPHIS**

I, _____ do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of Memphis Government, including the Human Resources and Police Services Divisions.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, employment and pre-employment records, criminal and/or driving records, complaints or grievances filed by or against me and the records and recollections of attorneys at law or of other counsel, whether representing me or another person in any case, whether criminal or civil, in which I presently have, or have had an interest.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization, will be considered in determining my suitability for employment by the City of Memphis Government. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

WITNESS (Spouse, Relative, Friend)

APPLICANT SIGNATURE (Include Maiden Name)

ADDRESS

CITY STATE ZIP

()

TELEPHONE NUMBER

DATE OF BIRTH

SOCIAL SECURITY NUMBER

*** This information must be
notarized before your application
will be accepted. This form must be
signed in front of the notary. ***

AVAILABILITY OF APPLICANT

NAME: _____
(Please Print) last name first middle SS#

- A. As a paid Firefighter Paramedic recruit, do you understand that the Memphis Fire Department Firefighter/Paramedic Recruit Training Program will last for a number of weeks or months, dependent upon the training needs of the recruit (you); that you must successfully complete the physical and academic training, including written tests; become licensed or presently hold a license as a State of Tennessee Paramedic (EMT-Advanced) prior to appointment; and you must maintain said license as a condition of continued employment; that you must progress through the State of Tennessee Fire Fighter Certification program (as specified in NFPA Standard 1001 and within the program administered by the Tennessee State Commission on Firefighting) as a condition of continued employment; that you may be discharged at any time during your Paramedic Recruit training or during your period of probation as a Paramedic recruit; that you will be required to attend training classes during some weekends and nights as determined by the Chief of Fire Training; and that you must submit yourself, during and after Paramedic recruit training, to strict forms of behavioral discipline in order to become an effective team member who can function under stressful, life-threatening conditions.

_____ YES

_____ NO

- B. Do you understand that if you are accepted for employment with the Memphis Fire Department that a probationary period of one (1) year will follow in which you must demonstrate satisfactory work performance for continued employment with the City of Memphis?

_____ YES

_____ NO

- C. I agree to these conditions and I hereby certify that all statements made by me on this application are true and complete to the best of my knowledge. I further certify that this application contains no willful misrepresentations or falsification. I am aware that should an investigation at any time reveal or disclose any such misrepresentation or falsification, my application may be rejected, my name removed from the employment list and I may be disqualified from applying in the future for positions with the City of Memphis, or my employment with the City may be terminated.

_____ YES

_____ NO

Signature: _____

Date: _____

Disclosure and Authorization/Consent Release

Disclosure

Please be advised that we and/or our agent, may obtain consumer reports (including, but not limited to, criminal history checks) and/or investigative consumer reports (personal/professional reference checks) about you for employment purposes, including without limitation, for the purposes of evaluating you for employment, promotion, reassignment and retention as an employee, at any time prior to or during your employment and without giving you any additional notice.

Consumer reports and/or investigative consumer reports may include, without limitation, information about your character, general reputation, personal characteristics and mode of living, whichever are applicable, as well as salary history, reason for termination, eligibility for rehire and any disciplinary actions taken against you. An investigative consumer report may involve personal interviews with sources, including without limitation, employers, supervisors, coworkers, clients, friends, associates and neighbors.

The Fair Credit Reporting Act (FCRA) provides you with the right to request from us, in writing within a reasonable amount of time, a disclosure of the nature and the scope of any consumer reports and/or investigative consumer report. The disclosure shall be made in writing and mailed, or otherwise delivered, to you no later than 5 days after the date on which your request is received or 5 days after the date on which the report was first requested, whichever is later. You may also request a "Summary of Your Consumer Rights under the FCRA" as prepared by the Federal Trade Commission. These can be obtained at no charge.

To obtain a disclosure of the nature and the scope of any consumer report and/or investigative consumer report, please provide us a written request. To obtain a "Summary of Your Consumer Rights", simply let us know that you would like a copy.

Authorization/Consent and Release

I hereby authorize the City of Memphis and its designated agents, to obtain consumer reports (including, but not limited to, criminal background checks) and/or investigative consumer reports (personal/professional reference checks) about me for employment purposes, including without limitation, for the purpose of evaluating me for employment, promotion, reassignment and retention as an employee, at any time prior to or during my employment and without giving me any additional notice.

I FURTHER AUTHORIZE ALL PERSONS, CURRENT AND FORMER EMPLOYERS, SUPERVISORS,COWORKERS, SCHOOLS, COMPANIES, CORPORATIONS, ORGANIZATIONS, ENTITIES, CREDIT BUREAUS, COURTS AND ANY GOVERNMENTAL, LAW ENFORCEMENT, CRIMINAL JUSTICE, LICENSING AND RECORD-KEEPING AGENCIES, AND ANY OTHER SOURCE OF INFORMATION TO PROVIDE ALL INFORMATION REQUESTED WITH RESPECT TO MY BACKGROUND, INCLUDING WITHOUT LIMITATION, ANY CRIMINAL RECORDS.

I authorize the City of Memphis and its designated agents, to make any investigation of my prior educational and employment history, and to take any action necessary to verify the accuracy of any information I have provided in support of my application. I hereby certify that the information set forth in this application for employment is true and complete to the best of my knowledge. I understand that any misrepresentations or falsified statements on this application whenever discovered shall be considered sufficient cause for refusal to hire or dismissal after employment. I further understand that employment with the City of Memphis and its designated agents is on an "at will basis" and that such employment is contingent upon the successful completion of a pre-placement medical process. I acknowledge that my submission of this application does not imply that I will be interviewed or hired but that my application may be considered for employment purposes based upon my ability to satisfy minimum qualifications.

I certify that I have read and understand this entire document, including the above DISCLOSURE, and I agree that a copy of this document is as valid as the original.

Applicant's Signature

Date

Applicant's Printed Name

Social Security Number

Equal Opportunity/Affirmative Action Statistics

The City of Memphis is an Equal Opportunity Employer and does not discriminate on the basis of Race, Age, Religion, Color, National Origin, Disability, Veteran Status, Citizenship, or any other protected status. The Federal Government requires the collection and report of certain demographic information. The information requested below will be used for the sole purpose of preparing statistical reports required to be submitted by the City of Memphis to the Federal Government and to ensure that our recruitment efforts are reaching all segments of the community. This form will be separated from the application immediately upon receipt and will not be placed in your personnel file or given to anyone who makes hiring decisions. Upon receipt, this entire application becomes the property of the Employment Service Center, Human Resources Division of the City of Memphis.

Completion of this form is Voluntary.

Name: _____
First Middle Last

Social Security #: _____

Demographic Data

Gender

_____ Male _____ Female

Race/Ethnic Data

1 - _____ White or Caucasian

2 - _____ Black or African American

3 - _____ American Indian or Alaskan Native

4 - _____ Hispanic

5 - _____ Asian or Pacific Islander

_____ I choose not to provide statistical information. (*Please initial*)

NAME: _____ SOCIAL SECURITY #: _____

IMPORTANT: VERIFY THAT YOU HAVE ANSWERED EVERY QUESTION COMPLETELY AND ACCURATELY. ACCEPTANCE OR REJECTION OF THIS APPLICATION MAY DEPEND UPON THE INFORMATION YOU HAVE GIVEN HEREON.

IMPORTANT

ALL EMPLOYEES OF THE CITY OF MEMPHIS GOVERNMENT HIRED AFTER JULY 31, 1980 BUT BEFORE JANUARY 1, 2005, ARE REQUIRED TO LIVE AND MAINTAIN LEGAL RESIDENCE WITHIN THE BOUNDARIES OF SHELBY COUNTY WITHIN SIX MONTHS AFTER DATE OF EMPLOYMENT. ALL EMPLOYEES HIRED AFTER JANUARY 1, 2005 ARE REQUIRED TO LIVE AND MAINTAIN LEGAL RESIDENCE WITHIN THE BOUNDARIES OF MEMPHIS CITY LIMITS WITHIN SIX MONTHS AFTER DATE OF EMPLOYMENT.

IN ACCORDANCE WITH FEDERAL LAW, IT IS THE POLICY OF THE CITY OF MEMPHIS TO EMPLOY ONLY U. S. CITIZENS FOR THIS POSITION.

THE CITY OF MEMPHIS GOVERNMENT COMPLIES WITH PUBLIC LAW 100-690. "THE DRUG-FREE WORKPLACE ACT OF 1988," AND IS COMMITTED TO PROVIDING A DRUG-FREE WORKPLACE FOR CITY EMPLOYEES. ALL EMPLOYEES ARE REQUIRED TO SUCCESSFULLY COMPLETE A PRE-EMPLOYMENT MEDICAL EXAMINATION WHICH WILL INCLUDE A LABORATORY TEST TO DETERMINE DRUG USE. THE RESULTS OF THE EXAMINATION WILL BE RELEASED TO THE MANAGER OF EMPLOYMENT AND THE RESULTS OF THE LABORATORY TEST TO DETERMINE DRUG USE SHALL BE A FACTOR IN DETERMINING SUITABILITY FOR EMPLOYMENT.

I HEREBY GIVE PERMISSION TO THE CITY OF MEMPHIS HUMAN RESOURCES DIVISION OR ITS DULY AUTHORIZED REPRESENTATIVE TO CONTACT ANY PERSONS OR COMPANIES NAMED IN THIS STATEMENT OTHER THAN MY PRESENT EMPLOYER, AND TO VERIFY ANY AND ALL EMPLOYMENT HISTORY THAT I HAVE GIVEN ON THIS STATEMENT.

I HEREBY AUTHORIZE MY FORMER EMPLOYERS TO FURNISH THEIR RECORDS OF MY SERVICE, MY REASONS FOR LEAVING THEIR EMPLOYMENT, TOGETHER WITH ALL INFORMATION THEY MAY HAVE CONCERNING ME. I ALSO RELEASE ANY INDIVIDUAL PARTNERSHIP, OR CORPORATION WHICH FORMERLY EMPLOYED ME, ITS OFFICERS, AGENTS AND EMPLOYEES, FROM ANY LIABILITY FOR ANY DAMAGE WHATSOEVER FOR ISSUING SUCH INFORMATION.

I HEREBY CERTIFY THAT THIS FORM CONTAINS NO WILLFUL MISREPRESENTATION OR FALSIFICATION: THAT INFORMATION GIVEN BY ME IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AM AWARE THAT SHOULD INVESTIGATION AT ANY TIME DISCLOSE ANY SUCH MISREPRESENTATION OR FALSIFICATION, MY APPLICATION MAY BE REJECTED, MY NAME MAY BE REMOVED FROM THE EMPLOYMENT LIST AND I MAY BE DISQUALIFIED FROM APPLYING IN THE FUTURE FOR POSITIONS WITH THE CITY OF MEMPHIS, OR MY EMPLOYMENT WITH THE CITY MAY BE TERMINATED.

Signature of Applicant _____

Today's Date _____

NOTICE:

**INCOMPLETE APPLICATION PACKETS WILL NOT BE ACCEPTED.
FAILURE TO SUBMIT THE REQUIRED SUPPORTING DOCUMENTATION MAY DISQUALIFY
YOU FROM FURTHER CONSIDERATION.**

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ON THE BASIS OF RACE, RELIGION, SEX, AGE, NATIONAL ORIGIN OR DISABILITY.**